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ABSTRACT

No particular psychotherapy technique or professional training has been found to be superior to others. Rather it is where theory and technique meet and come alive, in the personality of the therapist, that a definitive factor in effective psychotherapy appears. One of the personality variables in the therapist, not explored in the psychotherapy research, is that of self-awareness. Self-awareness in the therapist is a construct considered important in many theoretical orientations. Since psychotherapists spend most of their time attempting to promote self-awareness in their patients, it is surprising that so little formal promotion of self-awareness in therapists takes place. No formal model has been advanced to develop this portion of clinical training. The metacognitive or dialectical model (discussed in detail in the document) is a beginning to this development. By adopting a dialectical attitude, the various techniques to facilitate self-awareness of therapists and patients can be used. This attitude can be used by therapists to guide one another in their own discoveries. The potential of the dialectic for exploring more fully the inner experiences in therapy will greatly enhance psychotherapists' abilities as enablers of patients, and will make them more effective as psychotherapists. (ABL)

The Self-awareness Process in the Effective Psychotherapist

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Psychotherapists and researchers alike have thrown up their hands in dismay after trying to find one set of psychotherapy techniques that is superior to the others (Luborsky, Singer & Luborsky, 1975). Orlinsky and Howard (1986) would even go as far as to say most researchers today acknowledge that a good many of the varied forms of psychotherapy have a beneficial impact on patients if they stay in therapy a reasonable amount of time. Nor is there any compelling evidence that one type of professional training produces more effective therapists than another (Beutler, Crago, & Arizmendi, 1986; Frank, 1972). It is where theory and technique meet and come alive, in the *personality* of the therapist, that frontline psychotherapy researchers point to as a definitive factor in effective psychotherapy (Brenner, 1972; Butler & Strupp, 1986; Strupp, 1978). One of the personality variables in the therapist not explored in the psychotherapy research is that of self-awareness (Appelbaum, 1973; Farber, 1985; Garfield, 1986). Self-awareness is certainly not among the traditional personality dimensions examined in psychotherapists. However, we would argue that psychotherapists differ greatly in this skill, and that its importance to therapy is widely acknowledged. Indeed, self-awareness is one of the few factors emphasized by nearly all approaches to psychotherapy. However, there is no clear model for this process within the patient or the psychotherapist. To truly understand this important

process, we will submit a model of self-awareness for your consideration. But, first, we need to look at how self-awareness has been talked about across the main theoretical orientations. This will set the stage for a model of self-awareness that has not been, to date, applied to psychotherapy. After that we will look at what implications this model has for us as therapists and/or supervisors of trainees.

Approaches to Self-awareness

Freud told us of his struggle to become more self-aware of his own unconscious and broadly hinted that we needed to do the same (Bettelheim, 1982). As Bettelheim points out, in order for Freud to create psychoanalysis he had to analyze his own dreams and slips of the tongue and subscribe to the tenet "know thyself". Effective psychotherapy to Freud was turning our unconscious "like a receptive organ towards the transmitting unconscious of the patient" (Standard Edition, V. 12, p. 113). It is within the psychoanalytic concept of countertransference that the value of self-awareness becomes the most apparent (Kernberg, 1965). Defined as the unconscious reactions of the therapist to the patient, countertransference can be critically destructive to the therapeutic relationship if the therapist has no self-awareness of his or her reactions (Freud, 1917/1966). In addition, such awareness can be used as important information in order to understand what is going on in the patient that was able to elicit such reactions from the therapist (Giovacchini, 1975; Greenson, 1967; Little, 1951). In a similar way, Jung proposed the phenomenon of the transcendent function to exemplify the therapist's ability to bridge their own conscious and unconscious mind through self-understanding or self-awareness. This amounts to transforming the

symbolism of the unconscious to the realities of the conscious (Henderson, 1982; Jung, 1916 /1960; Powell, 1985).

The ability to be aware of oneself and one's existence is a cornerstone within the existential philosophical tradition (Bugental, 1968; Jaspers, 1971; May 1958; Slife & Barnard, in press). According to Rollo May, it is crucial to our humanness that we are able to transcend and become aware of our existence and it is this ability that allows us to monitor and control our "being-in-the-world" (May, 1958). Within existential psychotherapy, according to Yalom, this awareness is crucial to therapists. They must be aware of their own existential struggles and process during their own existence to be able to serve their patients' needs of facing and working through their existential concerns (Yalom, 1980).

M. Brewster Smith points out George Herbert Mead's (1934) influence on our understanding of self-awareness with his concept of "symbolic interactionism". This is where one responds to oneself as an object, i.e., to be self-aware, by taking the role of the other person in symbolic communication. This means looking at yourself as if through someone else's eyes. So, as we talk, we understand ourselves as if through the ears of prospective listeners. Thus being part of the audience increases our self-awareness. This is crucial for us to be a coordinated part of society (Smith, 1978). This type of thinking strongly influenced Harry Stack Sullivan's view that all knowledge of another person comes through interaction (Greenberg & Mitchell, 1983). The way in which this knowledge of oneself or self-awareness is made explicit in psychotherapy, according to Sullivan, is for the therapist to be aware of "self-observation of disjunctive processes in interpersonal relations" (1953, p. 379). Thus, when a patient appears to have the same difficulties in personality that

we do, but that we are unwilling to admit, we are likely to get anxious and condemn the person for our very same weaknesses. Thus, there will be unnoticed interferences in our participant observation without a developed sense of self-observation (Sullivan, 1953). Carl Rogers wrote of this same concept using the idea of the therapist needing to be genuine. Genuineness includes an ability on the part of the therapist to be ". . . freely and deeply himself, with his actual experience accurately represented by his awareness of himself" (1957, p. 97). Thus, a crucial element in Rogerian client-centered psychotherapy is to be sufficiently self-aware to relate to your patient as an integrated, congruent and genuine person (Parloff, Waskow & Wolfe, 1978).

The cognitive-behavioral models seem to be the one major theoretical orientation that does not attempt to look at therapist self-awareness. There is, however, a great deal of focus on self-control, self-monitoring and self-evaluation as goals for the patient in cognitive-behavioral therapy (Hollon & Beck, 1986; Mahoney & Arnkoff, 1978; Rehm, 1977; Thorensen & Mahoney, 1974). Meichenbaum and Gilmore even go as far as to talk about a need for patients to develop an awareness of ". . .unconscious maladaptive thoughts and feelings and [thus] their effects on behavior" (unconscious defined here as automatic cognitions) (Meichenbaum & Gilmore, 1984) and to use therapy to interrupt these habitual, maladaptive processes (Butler & Strupp, 1986). The work done with self-monitoring skills suggests an existing knowledge of self-awareness that is being used to facilitate self-observation. This orientation, however, does not follow the other approaches in calling for the same ability in the therapist, mainly due to the therapists' inner experience being de-emphasized in cognitive-behavioral therapy.

So, it is evident that self-awareness is valued across theoretical orientations. Most of the main approaches do acknowledge that self-awareness in the therapist must be looked at. At this point, a serious gap exists in the psychotherapy literature if an understanding of the self-awareness process is desired. That is, no models are evident in the psychotherapy literature that explain the development of self-awareness as a skill. Such a model or models could greatly facilitate teaching what each theoretical orientation spends a great deal of time operationally defining.

Metacognition and Dialectical Reasoning

There is a model, however, that exists outside of the psychotherapy literature but within the cognitive and philosophical psychology realm that appears worthy of our consideration. This model is found in the literature on metacognition and dialectical reasoning.

Metacognitive abilities refer to those facets of human thought that go beyond cognition and allow the mind to be aware of itself. These abilities allow us to be aware of our thoughts, memories and cognitive activities (Slife, in press). This encompasses our self-awareness or self-monitoring skills. Slife, with support from Kitchener (1983) and Flavell (1979), show that metacognition is a concept that takes a step beyond cognitive processing. The cognitive model attempts only to describe memory and focal attention and does not explain how the cognitive process of attention can be reflected back on cognition. Cognitive theory attempts to explain the ability to know that one is thinking through feedback loop metaphors, borrowed from modern computer technology. The common example used is the thermostat that monitors room temperature.

According to the cognitive theorists, the thermostat regulates the room temperature through a feedback loop that informs the mechanism when the room temperature has gone up or down. This is then set forth as an example of self-reflexivity or self-awareness. As Slife points out, however, the thermostat is not monitoring itself monitoring the temperature, but is only monitoring the temperature. This type of feedback model is a logical or demonstrative type that disallows true self-reflexivity. This type of reasoning cannot help us understand how we choose what and when to monitor ourselves, especially in ambiguous and illogical situations (Kitchener, 1983).

Dialectical reasoning, on the other hand, is integral to an understanding of metacognition or self-awareness and to how we control our metacognating. When we view the world dialectically, we can see what something is and what it is not simultaneously. Thus, we know what beauty is because we have the opposite notion of ugliness operating at the same time. The concept of beauty is meaningless if you do not know what ugliness is. Beauty is thus defined by ugliness (Rychlak, 1981). We have the ability to reason, then, from end to end, opposite to opposite as long as we like. As Rychlak explains, certain meanings are by their nature bipolar. Rather than the meanings converging on one point they are pulled apart into an oppositionality that makes two ends out of one meaning without affecting the integrity of the whole. Thus, left is left only in its relation to right. Any meanings that are judgmental, qualitative or evaluative have this dialectical quality or tension (Rychlak, 1979). Eventually, of course, we choose what we want our view to be and thus have established our assumption or premise, and can proceed in a demonstrative or logical manner. If we did not do this, we would go from opposite to opposite and

never be able to decide anything. The point is that we have this capacity to always explore the other side and to rise above what something appears to be and perceive it from the opposite angle. And it is this that we do when we reflexively look back on a thought we have just had or a feeling we felt in reaction to a client. It is this dialectical ability that is the self-awareness described across so many theoretical orientations. We can also interact dialectically because we convey meaning to others and they take our meaning and can choose to look at it from any angle they choose, even to go as far as to respond with the opposite of the meaning implied (Rychlak, 1981).

Implications of the Metacognitive/Dialectical Model

So, how can we use this conceptual framework of a dialectical view of ourselves in our therapy and in training? Within the developmental and educational literature, much work is being done on how metacognitive strategies are used by children and adults to know what they know and then to dialectically reason in order to have an awareness of what they do not know (Slife, Weiss & Bell, 1985). It is thought that metacognitive and cognitive strategies begin to develop in childhood and that adults more fully develop their abilities to be aware of the assumptions opposite to theirs and to reason back and forth as they evaluate their own strategies (Kitchener, 1983), thus using their dialectical reasoning abilities.

We propose that the way for a therapist to increase his self-awareness and for a supervisor to facilitate a training therapist is to adopt a dialectical attitude both toward therapy and in supervision. The key to this attitude is the ability to contrast experiences, ideas, or feelings. Thus, one is always aware of what is and is not, at the same time. There

are several ways this can be used in a session or within the therapist's training. Several of these will seem very familiar, but you may not have realized their dialectical rationale. For example, the "punctuation of events" is frequently employed by family therapists and existential therapists. Here they are simply labeling or stopping the action by choosing a set of events or behavior. This provides a boundary or limit so that a small part of the experience can be examined. Dialectical knowledge is integral to this punctuation because you have to be able to recognize where the boundary or limit is, i.e., the ability to know what a thing is and what it is not. To know what event to punctuate and what events to let go is crucial to good therapy, for there is only so much time.

Another important dialectical approach is the ability to elaborate on what is offered in therapy by the patient or in supervision in the therapist's attitude. Elaboration is the ability to offer opposing implications to a patient's behavior or a therapist's judgements. Thus, a husband may complain that his wife is very angry with him and, therefore, must not like him very much. This is an example of a demonstrative or logical implication, i.e., dislike is logically implied by anger. However, a therapist can offer the opposing implication that the wife may care a great deal for the relationship for if she did not like the husband or was not invested in the relationship, wouldn't she be indifferent, instead of angry? Thus, being angry could actually mean the wife cares for the husband a great deal. This type of elaboration can also be used within supervision if it seems the supervisee may benefit from looking at their situation or an event from the flipside.

The use of roleplaying also can be widely enhanced if the dialectic is kept in mind. It is used therapeutically with the notion of the patient or

supervisee playing the opposite of themselves. In addition, it is important to remember that the roleplayer is also still aware of who they are in relation to the role they are playing and a great deal of learning can occur if one goes beyond focusing on the empathy one has for the person played but also the role's implications for the patient or supervisee, by contrasting the two.

We can also use the dialectic to help move ourselves out of a stuck phase in therapy. Being "stuck," of course, is often not being aware of factors obstructing therapeutic movement. We could become more aware of these obstructions by noting the difference we feel between when we were not stuck before and the feeling of stuckness now. This awareness can provide us with the energy to figure things out. We must be able to compare our "here and now" experience of stuckness with the way we felt "there and then" when we were not stuck. We will then know where the change happened and can work on what event took place to provide the shift. Awareness of this sort would be just as useful in a stuck supervisory relationship.

Conclusion

Thus, we have shown that self-awareness in the therapist is a construct many theoretical orientations consider important. Since psychotherapists spend most of their time attempting to promote self-awareness in their patients it is a surprise that so little formal promotion of self-awareness in therapists takes place. Part of the problem is that no formal model has been advanced to develop this portion of clinical training. The metacognitive or dialectical model, however, is presented as a beginning to this development. By adopting a dialectical attitude, we can then use

various techniques to facilitate both our self-awareness and that of our patients and to guide other therapists in their own discoveries. The potential of the dialectic for exploring more fully our inner experiences in therapy will greatly enhance our abilities as enablers of our patients, thus making us more effective psychotherapists.

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